

City of Salisbury Shared Leave Policy

Purpose: This policy provides an opportunity for employees to assist other employees affected by a serious medical condition that requires their absence from work for a prolonged period of time resulting in possible loss of income due to lack of accumulated leave. Under this policy an employee may donate a specified number of Annual Leave hours to help another employee who has exhausted all Sick and Annual Leave.

An employee donating leave may elect to donate a minimum of four hours of Annual Leave (in increments of 4 hours) up to the amount that would not drop his/her combined Sick and Annual Leave balance below 80 hours.

Eligibility: Any employee who is scheduled to work a minimum of 1,000 hours per year with one year of service to the City is eligible to donate or request leave.

An employee who is unable to work due to an accident, chronic illness or major medical condition of themselves or that of an immediate family member is eligible. The medical condition of the family member shall meet the criteria of this policy. For purposes of this policy, the definition of immediate family member will be defined in the Family Medical Leave section of the Personnel Policy.

The employee will be required to furnish a family and medical leave certification from a licensed physician indicating an anticipated absence of at least 160 consecutive work hours for a serious health condition. The following conditions are NOT eligible for Shared Leave:

- Short term or sporadic conditions or illness
- Elective Surgery
- Normal Pregnancy
- An employee receiving Worker's Compensation benefits

An employee may receive a maximum of 480 hours of donated leave each calendar year through the Shared Leave Program. Shared Leave may not be used to extend an employee's time in leave status beyond one year from the last date worked.

Process: An employee who wishes to request leave through the Shared Leave program must submit a Request for Leave on the form provided by the Human Resources Department and the family and medical leave certification from a licensed physician, as well as the department head's approval. Requests for Shared Leave will be reviewed by the Human Resources Director or his/her designee and then submitted to the City Manager for approval.

Once a Shared Leave request is approved, the Human Resources Director or his/her designee may advise all city employees regarding the request for shared leave. The Privacy Act makes medical information confidential; therefore, prior to making the employee's status public for receiving shared leave, the employee must sign a release to allow the status to be known. After such time, the Human Resources Department will circulate the request to all department heads. Each department head will be responsible for ensuring that all of his/her employees are made aware of the request.

Any employee's donation of Annual Leave to a participant in the Shared Leave program is voluntary. Direct solicitation of employees for Shared Leave donations is not permitted.

An employee who wishes to donate Annual Leave to an employee requesting Shared Leave must complete a "Shared Leave Donation" form and submit this to the Human Resources Department within the time period specified for the request.

Donation of leave must be in increments of four hours.

Donated Annual Leave hours up to 480 hours are transferred as Annual Leave from the employee(s) donating the Annual Leave to the employee receiving the Shared Leave. Once leave is donated and transferred to the employee receiving the leave, it may not be returned to the donating employee. (Exception: In the case of death of the recipient, leave will be returned to the donors on a pro-rated basis.)

Examples of transfer of hours on pro-rated basis according to pay rate of recipient and donor are:

Donor's rate of pay is \$12.00 per hour; recipient's rate of pay is \$9.50 per hour;

The donor wished to donate 12 hours of Annual Leave. The donor's leave, when calculated in dollars, totals \$144.00 ($\12.00×12 hours);

When this amount is pro-rated using the recipient's rate of pay, it comes to 15.15 hours ($\$144 / \9.50 hour), rounded down to the nearest whole number; and

In this example the donor earns more salary than does the recipient. The donor's gift of 12 hours, when pro-rated, is transferred to the recipient as 15 hours of leave.

Please note: In this example, by pro-rating the leave, the recipient actually receives more hours than was originally transferred. In cases where the donor receives less pay than the recipient, the leave would reflect less hours than what is actually transferred.

During the period an employee is using Shared Leave, the employee continues to be in a leave earning capacity, and is entitled to holidays, receive any salary increase or bonus for which otherwise eligible, and may receive benefits offered under the City's group insurance policies.

Any donated leave is taxable to the recipient. The dollar amount of any donated leave will be added to the recipient's W-2 as income.

Donated leave shall not be claimed for reimbursement under current subrogation law. The City of Salisbury shall not report paid donated leave as reimbursable to an attorney representing a City employee in a third party subrogation claim.

Accounting and Usage Procedures: The Human Resources Department shall establish a system of leave accountability which will accurately record leave donations and recipient's use. Such accounts shall provide a clear and accurate record for financial and management audit purposes. This should include:

- Maintaining a list of employees donating Annual Leave and the dollar value of the leave.
- Notification of Shared Leave recipients and the Finance Department when leave is granted and in what amounts.
- Notification of Annual Leave donor and the Finance Department of actual leave deductions.

The approved amount(s) of shared leave will only be added after all sources of the recipient's own leave have been completely exhausted.

For anonymous requests - if not enough leave is on the list to meet all of the approved recipient's request, available leave will be prorated based on individual needs. Example: Employee A needs 20 hours of leave to receive a full paycheck. Employee B needs 80 hours of leave to receive a full paycheck. There is only 50 hours of donated leave available. Therefore, 10 hours will be donated to Employee A and 40 hours will be donated to Employee B meeting half (50%) of each employee's needs.



City of Salisbury Application to Receive Voluntary Shared Leave

Instructions: Please complete the information below and submit to the Human Resources Department . Also, attach a Family and Medical Leave Certification from your physician documenting the need for leave and the period of absence.

Employee Name _____

Department _____

Annual Leave Balance _____ As of Date: _____

Sick Leave Balance _____ As of Date: _____

TOTAL NUMBER OF LEAVE HOURS REQUESTED _____
(Maximum of 480 hours of Shared Leave per Calendar Year)

Employee Statement:

"This is to request participation in the City of Salisbury's Shared Leave Program. I have a medical condition as specified in the attached physician's statement that is resulting in my absence from work. This is not an elective surgery, I am not receiving Worker's Compensation benefits nor do I plan to seek subrogation from a third party for the leave time. I have been out of work in excess of 160 consecutive hours due to this condition. All of my Sick Leave and Annual Leave has been exhausted and I am requesting donated Shared Leave hours as specified above."

____ I authorize the Human Resources Department to release information indicating that I have a serious medical condition which would otherwise be confidential personnel record information and that I desire Shared Leave donations.

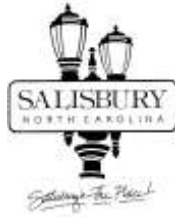
____ I do not authorize the Human Resources Department to release my name or medical information indicating that I have a serious medical condition. I understand that although I may be eligible for Shared Leave, by limiting the information that is released, willingness of my co-workers to donate leave to a blind request may be reduced.

Employee's Signature and Date

Department Head Comments:

Department Head Signature and Date

Date received from employee _____ Approved by _____
Date to begin receiving Shared Leave _____ Hourly rate _____
Total value of requested Shared Leave _____



City of Salisbury Voluntary Shared Leave Donation Form

Instructions: Please complete the information below and submit to the Human Resources Department.

Donor Information:

Employee Name _____

Employee Department _____

Annual Leave Balance _____ Sick Leave Balance _____ As of Date _____

NUMBER OF ANNUAL LEAVE HOURS TO BE DONATED _____

(Donations in four (4) hour increments)

(You must have a balance of eighty (80) hours of combined leave after donation)

If the Employee requesting Shared Leave has approved release of his/her name and condition, you may designate the employee to receive the leave if not you are donating Annual Leave to an anonymous beneficiary.

Employee to Receive Shared Leave

Employee Name _____

Department Name _____

I meet all policy requirements for being a Shared Leave Donor and would like to donate the stated hours of Annual Leave to the employee listed above.

I understand that once this donated Annual Leave is transferred to an eligible City employee, it will not be returned to me under any circumstances.

Employee Signature and Date

Department Head Signature and Date

Date received from employee _____ Approved by _____

Hours transferred _____ Hourly rate _____ Total Value _____

Effective date for transfer of Annual Leave _____